

L15000056412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

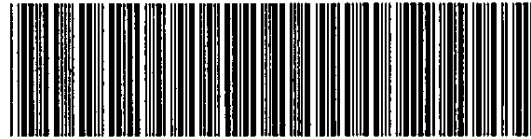
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600312033956

04/20/18--01014--017 \*\*55.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 20 AM 11:37

N COOPER

APR 23 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OM CATERING TAMPA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANJAY MEHRA  
Name of Person

OM CATERING TAMPA, LLC  
Firm/Company

10 VESCHI LANE S  
Address

MAHOPAC, NY 10512  
City/State and Zip Code

TAMPACORP@TAZIKIS.CAFE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANJAY MEHRA at (917) 324 9097  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CAT CATERING TAMPA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/31/2015 and assigned  
Florida document number L15000056412

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 20 AM 11:37

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ODRJA MEHRA

New Registered Office Address:

430 BUTTON WOOD LN

(Enter Florida street address)

BELLARE BLUES

(City)

Florida

FL 33770

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SANJAY MEHRA</u>	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>ODRJA MEHRA</u>	<u>430 BUTTOWOOD LN</u>	<input checked="" type="checkbox"/> Add
		<u>BELLAIRE BLUFFS, FL 33770</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	<u>BISHAM MALIKANI</u>	<u>430 BUTTOWOOD LN</u>	<input type="checkbox"/> Add
		<u>BELLAIRE BLUFFS, <sup>FL 33770</sup> <del>33770</del></u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 APR 20 AM 11:37

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

4/17/18

Signature of a member or authorized representative of a member

SANJAY MEHRA

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000056412  
FILED 8:00 AM  
March 31, 2015  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

O M CATERING TAMPA, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

430 BUTTONWOOD LANE  
BELLAIRE BLUFFS, FL. US 33770

The mailing address of the Limited Liability Company is:

10 VESCHI LANE SOUTH  
MAHOPAC, NY. US 10521

**Article III**

The name and Florida street address of the registered agent is:

BISHAM MALKANI  
430 BUTTONWOOD LANE  
BELLAIRE BLUFFS, FL. 33770

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BISHAM MALKANI

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
SANJAY MEHRA  
10 VESCHI LANE SOUTH  
MAHOPAC, FL. 10521 US

Title: AMBR  
BISHAM MALKANI  
430 BUTTONWOOD LANE  
BELLAIRE BLUFFS, FL. 33770 US

**L15000056412**  
**FILED 8:00 AM**  
**March 31, 2015**  
**Sec. Of State**  
nculligan

Signature of member or an authorized representative

Electronic Signature: SANJAY MEHRA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.